Case 15-31992-KLP Doc 1 Filed 04/16/15 Entered 04/16/15 12:12:14 Desc Main Document Page 1 of 55

B1 (Official Form 1)(04/13)			D O O G		. α	90 ± 0.					
		States Ba tern Distr							Vol	untary	Petition
Name of Debtor (if individual, <b>Dunn, Alka Savitri</b>	enter Last, First,	Middle):			Name	of Joint De	ebtor (Spouse	) (Last, First,	Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):						used by the J maiden, and			3 years		
Last four digits of Soc. Sec. or (if more than one, state all)	Individual-Taxpa	yer I.D. (ITIN)	)/Complete	e EIN	Last fo	our digits of	f Soc. Sec. or	· Individual-7	Taxpayer I.	D. (ITIN) N	o./Complete EIN
Street Address of Debtor (No. a 6029 Newington Drive North Chesterfield, VA	nd Street, City, a	nd State):	7	IP Code	Street	Address of	Joint Debtor	(No. and Str	eet, City, a	nd State):	ZIP Code
			232			CD '1	6.1	D: : 1 DI	CD.		Zii code
County of Residence or of the I Chesterfield	rincipal Place of	Business:			County	of Reside	nce or of the	Principal Pla	ice of Busi	ness:	
Mailing Address of Debtor (if d	lifferent from stre	eet address):			Mailin	g Address	of Joint Debt	or (if differen	nt from stre	et address):	
			Z	IP Code							ZIP Code
Location of Principal Assets of (if different from street address											
Type of Debto		I	ature of B				-	of Bankrup	•		ch
Individual (includes Joint D See Exhibit D on page 2 of this  ☐ Corporation (includes LLC ☐ Partnership ☐ Other (If debtor is not one of the check this box and state type of	bit D on page 2 of this form.  tion (includes LLC and LLP) hip f debtor is not one of the above entities, s box and state type of entity below.)  Single Asset Real Estate as de in 11 U.S.C. § 101 (51B) Railroad Stockbroker Commodity Broker Clearing Bank			lefined	☐ Chapte ☐ Chapte ☐ Chapte ☐ Chapte ☐ Chapte	er 7 er 9 er 11 er 12	of Ch of	napter 15 P a Foreign I napter 15 P	etition for R Main Procee etition for R Nonmain Pr	eding Recognition	
Chapter 15 Debtors  Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:  Check box, if applicable)  Debtor is a tax-exempt organization under Title 26 of the United States  Code (the Internal Revenue Code)			tion tes	defined "incurre	re primarily co l in 11 U.S.C. § ed by an indivi nal, family, or	(Check onsumer debts, 101(8) as dual primarily	one box)		s are primarily sess debts.		
<b>_</b>	(Check one box	)		Check or			•	ter 11 Debte			
□ Full Filing Fee attached     □ Filing Fee to be paid in installm attach signed application for the debtor is unable to pay fee exce Form 3A.     □ Filing Fee waiver requested (ap attach signed application for the	e court's consideration pt in installments. F	on certifying tha Rule 1006(b). Se 7 individuals on	at the ee Official ly). Must	Check al	ebtor is not ebtor's aggree less than \$ 1 applicable plan is bein ecceptances of	egate noncon 2,490,925 (a boxes: g filed with of the plan w		defined in 11 U ated debts (exc to adjustment	J.S.C. § 101( luding debts on 4/01/16 a	51D).  owed to inside and every three	ders or affiliates) ee years thereafter). reditors,
Statistical/Administrative Info  ■ Debtor estimates that funds  □ Debtor estimates that, after there will be no funds available.	will be available any exempt prope	erty is exclude	ed and adm	ninistrativ		s paid,		THIS	SPACE IS I	FOR COURT	USE ONLY
Estimated Number of Creditors	200-	1,000- 5,000 10,0		,001-	25,001- 50,000	50,001- 100,000	OVER 100,000				
Estimated Assets  So to \$50,001 to \$100,000 \$500,000 \$500,000	1 to \$500,001 0 to \$1	\$1,000,001 \$10,000 \$10 to \$500 \$100 \$100 \$100 \$100 \$100 \$100 \$100	50 to \$	0,000,001 S	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion				
Estimated Liabilities  So to \$50,001 to \$100,000 \$500,000	1 to \$500,001 \$ 0 to \$1 t	\$1,000,001 \$10,00 \$10 to \$5 million milli	50 to \$	0,000,001 S \$100 t	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion					

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**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Dunn, Alka Savitri (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ John Morgan April 16, 2015 Signature of Attorney for Debtor(s) (Date) John Morgan Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

**B1** (Official Form 1)(04/13)

Page 3

## **Voluntary Petition**

(This page must be completed and filed in every case)

# Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### X /s/ Alka Savitri Dunn

Signature of Debtor Alka Savitri Dunn

 $\mathbf{X}$ 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 16, 2015

Date

### Signature of Attorney\*

### X /s/ John Morgan

Signature of Attorney for Debtor(s)

### John Morgan

Printed Name of Attorney for Debtor(s)

### **UpRight Law LLC**

Firm Name

98 Alexandria Pike Suite 10 Warrenton, VA 20186

Address

### notices@UpRightLaw.com; jcm@jcmpllc.com 855-466-3920 Fax: 888-751-4932

Telephone Number

### April 16, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Dunn, Alka Savitri

### Signatures

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

 $\mathbf{X}$ 

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

## United States Bankruptcy Court Eastern District of Virginia

		<u> </u>		
In re	Alka Savitri Dunn		Case No.	
		Debtor(s)	Chapter	13

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2			
mental deficiency so as to be incapable of rea financial responsibilities.);  □ Disability. (Defined in 11 U.S.C. §	109(h)(4) as impaired by reason of mental illness or lizing and making rational decisions with respect to 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or			
☐ Active military duty in a military co	ombat zone.			
☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.				
I certify under penalty of perjury that the	information provided above is true and correct.			
Signature of Debtor:	/s/ Alka Savitri Dunn Alka Savitri Dunn			
Date: April 16, 2015				

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B6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court Eastern District of Virginia**

In re	Alka Savitri Dunn		Case No		
-		Debtor			
			Chapter	13	

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	110,400.00		
B - Personal Property	Yes	4	45,321.24		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		117,055.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		48,848.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			5,677.67
J - Current Expenditures of Individual Debtor(s)	Yes	2			4,907.36
Total Number of Sheets of ALL Schedu	ıles	19			
	T	otal Assets	155,721.24		
			Total Liabilities	165,903.00	

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B 6 Summary (Official Form 6 - Summary) (12/14)

# United States Bankruptcy Court Eastern District of Virginia

In re	Alka Savitri Dunn		Case No		_
_		, Debtor			
			Chapter	13	

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	7,675.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	7,675.00

### State the following:

Average Income (from Schedule I, Line 12)	5,677.67
Average Expenses (from Schedule J, Line 22)	4,907.36
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	9,248.19

### State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		2,207.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		48,848.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		51,055.00

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B6A (Official Form 6A) (12/07)

In re	Alka Savitri Dunn	Case No	
_		Debtor	

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Single Family Townhome 6029 Newington Drive, North Chesterfield VA, 23224 Tax Assessed: \$103,400	Fee simple	-	103,400.00	91,248.00
Coral Sands Resort Timeshare 66 Pope Ave Hilton Head Island, SC 29928	JTWROS	J	7,000.00	7,380.00
(1/2 interest with husband)				

Sub-Total > 110,400.00 (Total of this page)

110,400.00 Total >

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B6B (Official Form 6B) (12/07)

In re	Alka Savitri Dunn	Case No.	
_		Debtor	

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

_	· · · · · · · · · · · · · · · · · · ·	, ,		
	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cash on Hand	-	50.00
2.	Checking, savings or other financial accounts, certificates of deposit, or	Checking Account with Virginia Credit Union Last 4 Account #: 8141	W	0.00
	shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit	Savings Account with Virginia Credit Union Last 4 Account #: 8884	W	5.00
	unions, brokerage houses, or cooperatives.	Savings Account with Virginia Credit Union Last 4 Account #: 8892	w	0.24
		Savings Account with Wells Fargo Last 4 Account #: 4841	w	12.00
		Checking Account with Wells Fargo Last 4 Account #: 4841	W	57.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	x		
4.	Household goods and furnishings, including audio, video, and computer equipment.	5 beds, 4 dressers, kitchen table, washer/dryer, stove, pots and pans, 5 couches, 5 end tables, 6 TV's, and 3 desks	-	1,000.00
		Location: 6029 Newington Dr. North Chesterfield VA, 23224		
		Camera, Desktop computer and laptop Computer	-	800.00
		Location: 6029 Newington Dr. North Chesterfield VA, 23224		
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		

3 continuation sheets attached to the Schedule of Personal Property

1,924.24

Sub-Total >

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

In re	Alka Savitri Dunn	Case No.
_		;

Debtor

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

			(Continuation Sheet)		
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
6.	Wearing apparel.		Clothing Location: 6029 Newington Dr. North Chesterfield VA, 23224	-	400.00
7.	Furs and jewelry.		Costume Jewelry	-	200.00
			Wedding rings	-	1,000.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Whole Life Insurance Policy with Metlife - \$150.00 Cash Value	-	150.00
10.	Annuities. Itemize and name each issuer.	X			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Thrift Savings Plan through work	-	25,047.00
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	Х			
			(T	Sub-Total of this page)	al > <b>26,797.00</b>

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

In	re Alka Savitri Dunn	;	Case No	
		Debtor		
	S	SCHEDULE B - PERSONAL PROPER' (Continuation Sheet)	ТҮ	
	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	Х		
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	x		
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	x		
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	x		
22.	Patents, copyrights, and other intellectual property. Give particulars.	x		
23.	Licenses, franchises, and other general intangibles. Give particulars.	x		
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X		
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	2005 Honda Civic Coupe 2D EX, Estimated 125k miles.	-	3,400.00
		Value according to NADA Guides		
		Son Operates Vehicle		
		2011 Mitsubishi Outlander Sport ES 2WD, Estim 30k Miles	ated -	13,200.00
		Value according to NADA Guides		
26.	Boats, motors, and accessories.	X		
			Sub-Tota	al > <b>16,600.00</b>
		T)	otal of this page)	•

Sheet **2** of **3** continuation sheets attached

to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re	Alka Savitri Dunn	Case No.	
-		Debtor	

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
27. Aircraft and accessories.	Х			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

| Sub-Total > | 0.00 | | (Total of this page) | Total > | 45,321.24 | Case 15-31992-KLP Doc 1 Filed 04/16/15 Entered 04/16/15 12:12:14 Desc Main Document Page 13 of 55

B6C (Official Form 6C) (4/13)

In re	Alka Savitri Dunn	Case No

Debtor

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled (Check one box)  ☐ 11 U.S.C. §522(b)(2)  ☐ 11 U.S.C. §522(b)(3)	<del></del>	eck if debtor claims a homestead exe 55,675. (Amount subject to adjustment on 4/1 with respect to cases commenced on	/16, and every three years thereaft
Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property Single Family Townhome 6029 Newington Drive, North Chesterfield VA, 23224	Va. Code Ann. § 34-4	5,000.00	103,400.00
Tax Assessed: \$103,400			
Coral Sands Resort Timeshare 66 Pope Ave Hilton Head Island, SC 29928	Va. Code Ann. § 34-4	0.00	7,000.00
(1/2 interest with husband)			
Cash on Hand Cash on Hand	Va. Code Ann. § 34-29	50.00	50.00
Checking, Savings, or Other Financial Accounts, Checking Account with Virginia Credit Union Last 4 Account #: 8141	Certificates of Deposit Va. Code Ann. § 34-29	0.00	0.00
Savings Account with Virginia Credit Union Last 4 Account #: 8884	Va. Code Ann. § 34-29	5.00	5.00
Savings Account with Virginia Credit Union Last 4 Account #: 8892	Va. Code Ann. § 34-29	0.24	0.24
Savings Account with Wells Fargo Last 4 Account #: 4841	Va. Code Ann. § 34-29	12.00	12.00
Checking Account with Wells Fargo Last 4 Account #: 4841	Va. Code Ann. § 34-29	57.00	57.00
Household Goods and Furnishings 5 beds, 4 dressers, kitchen table, washer/dryer, stove, pots and pans, 5 couches, 5 end tables, 6 TV's, and 3 desks	Va. Code Ann. § 34-26(4a	) 1,000.00	1,000.00
Location: 6029 Newington Dr. North Chesterfield VA, 23224			
Camera, Desktop computer and laptop Computer	Va. Code Ann. § 34-26(4a	800.00	800.00
Location: 6029 Newington Dr. North Chesterfield VA, 23224			
Wearing Apparel Clothing Location: 6029 Newington Dr. North Chesterfield VA, 23224	Va. Code Ann. § 34-26(4)	400.00	400.00
Furs and Jewelry Costume Jewelry	Va. Code Ann. § 34-4	0.00	200.00

<sup>1</sup> continuation sheets attached to Schedule of Property Claimed as Exempt

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B6C (Official Form 6C) (4/13) -- Cont.

In re	Alka Savitri Dunn	Case No
_		Debtor

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption		
Wedding rings	Va. Code Ann. § 34-26(1a)	1,000.00	1,000.00		
Interests in Insurance Policies Whole Life Insurance Policy with Metlife - \$150.00 Cash Value	Va. Code Ann. § 34-4	0.00	150.00		
Interests in IRA, ERISA, Keogh, or Other Pensic Thrift Savings Plan through work	on or Profit Sharing Plans Va. Code Ann. § 34-34	25,047.00	25,047.00		

Total: 33,371.24 139,121.24 Case 15-31992-KLP Doc 1 Filed 04/16/15 Entered 04/16/15 12:12:14 Desc Main Page 15 of 55 Document

B6D (Official Form 6D) (12/07)

In re	Alka Savitri Dunn	Case No.	
		<del>`</del>	
		Debtor	

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

	16	1		1.0			AMOUNTE CE	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	pstand, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN	COZH_ZGEZH	U D	U T E	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 33427602			Opened 10/01/12 Last Active 3/13/15	T	A T E D			
1st Advantage FCU PO Box 2116 Newport News, VA 23609		-	Auto Loan  2011 Mitsubishi Outlander Sport ES 2WD, Estimated 30k Miles  Value according to NADA Guides  Value \$ 13,200.00		ט		14,973.00	1,773.00
Account No. 0000			2012					
Hilton Head Island Development 33 Office Park Rd Unit 218 Park Plaza Hilton Head Island, SC 29928	x	J	First Mortgage Coral Sands Resort Timeshare 66 Pope Ave Hilton Head Island, SC 29928 (1/2 interest with husband)					
			Value \$ 7,000.00				7,380.00	380.00
Account No. 510001254384  Va Credit Union PO Box 90010 Richmond, VA 23225		-	Opened 4/01/11 Last Active 2/17/15 Auto Loan 2005 Honda Civic Coupe 2D EX, Estimated 125k miles. Value according to NADA Guides Son Operates Vehicle Value \$ 3,400.00				3,454.00	54.00
Account No. 9360381308501	╁	╁	Opened 10/01/11 Last Active 2/27/15	$\vdash$			3,434.00	34.00
Wells Fargo Hm Mortgage 8480 Stagecoach Circle Frederick, MD 21701		-	First Mortgage Single Family Townhome 6029 Newington Drive, North Chesterfield VA, 23224 Tax Assessed: \$103,400					
			Value \$ 103,400.00				91,248.00	0.00
continuation sheets attached	•		(Total of t	Subt his p			117,055.00	2,207.00
			(Report on Summary of So		ota ule	- 1	117,055.00	2,207.00

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B6E (Official Form 6E) (4/13)

In re	Alka Savitri Dunn	Case No.	
-		Debtor ,	

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

In re	Alka Savitri Dunn		Case No.
		Debtor	

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

 $\square$  Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W		CONTINGENT	Q U L D	S P U T E	A	MOUNT OF CLAIM
Account No. xxxx7604			Opened 8/01/14 Last Active 11/07/14	Ϊ	A T E D			
1st Advantage Fcu P O Box 2116 Newport News, VA 23609		-	Personal Loan		D			4,892.00
Account No. xxxxxxxxxxxx0823			Opened 1/01/14 Last Active 8/29/14	T		l	$\dagger$	
Chase Card Po Box 15298 Wilmington, DE 19850		-	Credit Card					2,809.00
Account No. xxxxxxxxxxxx9532  Comenity Capital Bank/HSN Attn: Bankruptcy Po Box 183043 Columbus, OH 43218		-	Opened 12/01/13 Last Active 7/03/14 Charge Account					40000
	L				L	L	$\bot$	1,823.00
Account No. xxxxxxxxxxxxx0001  Fed Loan Servicing PO Box 60610 Harrisburg, PA 17106		_	Opened 12/01/10 Last Active 6/13/14 Educational					6,676.00
Subtotal (Total of this page) 16,200.00							16,200.00	
			(10111101)		ے مہ	5~ <i>/</i>	1	

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B6F (Official Form 6F) (12/07) - Cont.

In re	Alka Savitri Dunn	Case No.
_		Debtor ,

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

GDEDVITORIS VAN IT	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXFLXGEX	Ň	SPUTE	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx0002			Opened 7/01/11 Last Active 6/13/14 Educational	Т	T E D		
Fed Loan Servicing PO Box 60610 Harrisburg, PA 17106		-	Educational				000.00
Account No. xxxxxxxxxxx4294	_		Opened 3/01/14 Last Active 6/09/14	+		_	999.00
GECRB/JC Penney Attention: Bankruptcy PO Box 103104 Roswell, GA 30076		-	Charge Account				
							709.00
Account No. xxxxxxxxxxxx1318  Gemb/Walmart Attn: Bankruptcy PO Box 103104 Roswell, GA 30076		-	Opened 12/01/10 Last Active 8/01/14 Charge Account				3,655.00
Account No. xxxxxxxxxxxx0673  Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051		-	Opened 12/01/10 Last Active 6/08/14 Charge Account				
							3,066.00
Account No. 5641  Mariner Finance PO BOX 35394 Dundalk, MD 21222	x	J	09/14 Personal Loan				4,000.00
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	<u> </u>		[ (Total of	Sub			12,429.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Alka Savitri Dunn	Case No.	
-		Debtor	

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		1			 1	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	1	L I Q U I	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxx5186  Onemain Financial PO Box 499 Hanover, MD 21076		-	Opened 4/01/14 Last Active 2/28/15 Personal Loan		D A T E D		9,287.00
Account No. xxxx7748  Plain Green 93 Mack Road Suite Box Elder, MT 59521		-	Opened 5/22/14 Last Active 8/15/14 Pay Day Loan				2,953.00
Account No.  PNC Bank Attn: Bankruptcy PO Box 489909 Charlotte, NC 28269-5329		-	10/14 Charge Account				780.00
Account No. xxxxxxxxxxxx8948  Sears/cbna Po Box 6283 Sioux Falls, SD 57117		-	Opened 11/01/13 Last Active 8/15/14 Credit Card				1,416.00
Account No. xxxxxxxxxxxxx0453  Syncb/Lumber Liquidato PO Box 965036 Orlando, FL 32896		-	Opened 2/01/14 Last Active 8/15/14 Charge Account				1,398.00
Sheet no. <b>2</b> of <b>3</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total	Su of this		- 1	15,834.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Alka Savitri Dunn	Case No.	
_		Debtor	

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community		UN	D	
MAILING ADDRESS INCLUDING ZIP CODE,	DE B T O	H W	DATE CLAIM WAS INCURRED AND	CONTINGENT	UNLIQUIDATED	S	
AND ACCOUNT NUMBER	B T	J	CONSIDERATION FOR CLAIM. IF CLAIM	I N	QU	T U	AMOUNT OF CLAIM
(See instructions above.)	O R	С	IS SUBJECT TO SETOFF, SO STATE.	G E	Ď	D	
Account No. xxxxxxxx6535			Opened 8/01/14 Last Active 2/27/15	₹	T E		
	1		Personal Loan	L	D	╀	
Va Credit Union							
PO Box 90010		-					
Richmond, VA 23225							
							4,385.00
Account No.				Τ			
				$\perp$		┖	
Account No.							
A V	-			╀	+	╀	
Account No.	l						
Account No.	$\vdash$	$\vdash$		+	+	+	
Account No.	ł						
Cheat no 2 of 2 sheats attached to Call July -f			<u> </u>	Sub	tot	1	
Sheet no. <u>3</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t				4,385.00
Creations from the Charles Charles Charles Charles			(10tal of t		-		
					Γot		48,848.00
			(Report on Summary of So	che	dul	es)	40,048.00

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B6G (Official Form 6G) (12/07)

In re Alka Savitri Dunn	Case No	
-		Debtor

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.

State whether lease is for nonresidential real property.

State contract number of any government contract.

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B6H (Official Form 6H) (12/07)

In re Alka Savitri Dunn	Case No.	
_		, Debtor

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Lewis Edward Dunn 6029 Newington Drive North Chesterfield, VA 23224

Lewis Edward Dunn 6029 Newington Drive North Chesterfield, VA 23224 Mariner Finance PO BOX 35394 Dundalk, MD 21222

Hilton Head Island Development 33 Office Park Rd Unit 218 Park Plaza Hilton Head Island, SC 29928

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Fill in this informa	ation to identify your case:	
Debtor 1	Alka Savitri Dunn	
Debtor 2 (Spouse, if filing)		
United States Ba	nkruptcy Court for the: EASTERN DISTRICT OF VIRGINIA	
Case number (If known)		Check if this is:  ☐ An amended filing ☐ A supplement showing post-petition chapter
Official Fo	orm B 6I	13 income as of the following date:  MM / DD/ YYYY

# Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse	
If you have more than one job,	Employment status	■ Employed	■ Employed	
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed	
employers.	Occupation	RN	Correction Officer	
Include part-time, seasonal, or self-employed work.	Employer's name	Defense Finance and Accounting Svc.	Deep Meadow Correctional	
Occupation may include student or homemaker, if it applies.	Employer's address	1240 E. 9th Street Rm. 1907 Cleveland, OH 44199	3500 Woods Way State Farm, VA 23160	
	How long employed to	· ·	8 years	

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or

					non-	filing spouse
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	6,651.69	\$	2,739.00
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	6,651.69	\$_	2,739.00

Official Form B 6I Schedule I: Your Income page 1

Deb	tor 1	Alka Savitri Dunn		Case	number (if known)			
	Сор	y line 4 here	4.	For	Debtor 1 6,651.69	For Debtor		
5.	List	all payroll deductions:						
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: Disability Insurance	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$	1,895.12 44.29 166.01 0.00 551.48 0.00 35.75 205.83	\$ \$ \$ \$ \$ \$	641.98 0.00 136.96 0.00 0.00 0.00 0.00 35.60	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,898.48	\$	814.54	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,753.21	\$ 1	,924.46	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:	8a. 8b. 8c. 8d. 8e. 8f. 8g. 8h.+		0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	;	<b>3,753.21</b> + \$_	1,924.46	= \$	5,677.67
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depend	•	•	ed in <i>Schedul</i> e	e <i>J.</i> +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies					Combine	
13.	Do y ■	you expect an increase or decrease within the year after you file this form' No. Yes. Explain:	?				monthly	income

Official Form B 6I Schedule I: Your Income page 2

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Eill-	in this informe	tion to identify yo	our case:					
	in this informa	tion to identify yo	our case.					
Deb	tor 1	Alka Savitri I	Dunn				ck if this is:	
Dah	tor O						An amended filing	Comment well the comment of
	tor 2 ouse, if filing)						A supplement show 13 expenses as of	ving post-petition chapter the following date:
	, ,,	untov Court for the	· EASTE	RN DISTRICT OF VIRGIN	IΔ		MM / DD / YYYY	
		upicy Court for the	LASTLI	KN DISTRICT OF VIRGIN	<u> </u>	_		
	e number nown)						A separate filing for 2 maintains a sepa	r Debtor 2 because Debtor rate household
Of	fficial Fo	rm B 6J						
So	chedule	J: Your	Exper	ises				12/13
Be info	as complete a ormation. If m mber (if know	and accurate as ore space is ne n). Answer ever	s possible. eded, atta ry question	If two married people ar				
Par	t 1: Descr Is this a join	ibe Your House	hold					
١.	No. Go to							
		o iine ∠. •s Debtor 2 live i	in a senar:	ate household?				
			n a sopare	ate modernoia.				
	□ N	-	st file a sep	parate Schedule J.				
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents'	names.						☐ Yes
								□ No □ Yes
								□ res □ No
								☐ Yes
					-			□ No
							_	☐ Yes
3.	expenses of	penses include f people other tl d your depende	han 🗖	No Yes				
		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
Incl	lude expense	s paid for with r	non-cash	government assistance i	f you know			
	value of such ficial Form 6I.		d have inc	luded it on Schedule I: Y	our Income		Your expe	enses
·		•					·	
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	4. :	\$	723.66
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	•	rty, homeowner's				4b.		0.00
				ipkeep expenses		4c.		200.00
5		owner's associat			mo oquity loons	4d.		160.00
5.	Auditional I	nortyaye payme	sins for yo	our residence, such as ho	me equity loans	5.	Φ	0.00

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6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13.		250.00 90.00 230.00 250.00 600.00 0.00 140.00 100.00 90.00 350.00 18.00 50.00
6b. 6c. 6d. 7. 8. 9. 10. 11.		90.00 230.00 250.00 600.00 0.00 140.00 100.00 90.00 350.00
6c. 6d. 7. 8. 9. 10. 11.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	230.00 250.00 600.00 0.00 140.00 100.00 90.00 350.00 18.00
6d. 7. 8. 9. 10. 11. 12.		250.00 600.00 0.00 140.00 100.00 90.00 350.00 18.00
7. 8. 9. 10. 11. 12.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	250.00 600.00 0.00 140.00 100.00 90.00 350.00 18.00
8. 9. 10. 11. 12.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	600.00 0.00 140.00 100.00 90.00 350.00 18.00
9. 10. 11. 12. 13.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 140.00 100.00 90.00 350.00 18.00
9. 10. 11. 12. 13.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	140.00 100.00 90.00 350.00 18.00
10. 11. 12. 13.	\$ \$ \$ \$	100.00 90.00 350.00 18.00
11. 12. 13.	\$ \$	90.00 350.00 18.00
12. 13.	\$ \$	350.00 18.00
13.	\$	18.00
	·	
14.	\$	
	·	
I5a.	\$	245.00
15b.	\$	0.00
15c.	\$	225.00
15d.	\$	0.00
	-	
16.	\$	26.00
17a.	\$	205.70
17b.	\$	340.00
17c.	\$	150.00
17d.	\$	10.00
	\$	28.00
	\$	226.00
18.	\$	0.00
	\$	200.00
19.		
I: Yo	our Income.	
		0.00
20b.	\$	0.00
20c.	\$	0.00
20d.	\$	0.00
20e.	\$	0.00
	·	0.00
ĺ		
22.	\$	4,907.36
		5,677.67
23b.	-\$	4,907.36
I		
23.	\$	770.31
∠SC.	Ψ	110.51
		ease or decrease because of a
	15d.  16.  17a.  17b.  17c.  17c.  17d.  18.  19.  20a.  20b.  20c.  20d.  22s.  22s.  4 this	17a. \$

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Eastern District of Virginia

In re	Alka Savitri Dunn			Case No.	
			Debtor(s)	Chapter	13
	DECLARATION C	ONCERN	ING DEBTOR'S S	CHEDUL	ES
	DECLARATION UNDER I	PENALTY (	OF PERJURY BY INDIV	IDUAL DE	BTOR
	I declare under penalty of perjury the sheets, and that they are true and correct to the				
Date	April 16, 2015	Signature	/s/ Alka Savitri Dunn Alka Savitri Dunn		
			Debtor		

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

## United States Bankruptcy Court Eastern District of Virginia

In re	Alka Savitri Dunn		Case No.	
		Debtor(s)	Chapter	13

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$15,954.92 2015 YTD: Debtor Employment Income \$67,824.00 2014: Debtor Employment Income \$66,986.00 2013: Debtor Employment Income

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$7,500.00 2013: Debtor Pension & Annuities

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### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701	DATES OF PAYMENTS 01/2015 02/2015 03/2015	AMOUNT PAID <b>\$2,170.98</b>	AMOUNT STILL OWING <b>\$91,248.00</b>
Va Credit Union Po Box 90010 Richmond, VA 23225	01/2015 02/2015 03/2015	\$615.00	\$3,454.00
1st Advantage Fcu P O Box 2116 Newport News, VA 23609	01/2015 02/2015 03/2015	\$1,020.00	\$14,973.00

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

		AMOUNT	
	DATES OF	PAID OR	
	PAYMENTS/	VALUE OF	AMOUNT STILL
NAME AND ADDRESS OF CREDITOR	TRANSFERS	TRANSFERS	OWING

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT

AMOUNT STILL OWING

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER PROCEEDING AND LOCATION DISPOSITION

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

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### 9. Payments related to debt counseling or bankruptcy

None 

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

**Advisory Credit Management** 3511 West Commercial Blvd.

03/19/2015

\$48.00 Single Filer Credit

Counseling

Suite 404

Fort Lauderdale, FL 33309

**UpRight Law LLC** 98 Alexandria Pike Suite 10 Warrenton, VA 20186

02/2015

\$1780 (\$310 filing fee, \$50 credit report, \$1420 attny fees)

### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE. RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

TRANSFER(S) IN PROPERTY

### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

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### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

**ENVIRONMENTAL** 

GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

### 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

BEGINNING AND
NATURE OF BUSINESS ENDING DATES

(ITIN)/ COMPLETE EIN ADDRESS NATURE OF BUSINESS

21,12

None

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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B7 (Official Form 7) (04/13)

7

### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

**ADDRESS** 

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

### ${\bf 23}$ . Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 16, 2015
Signature // S/ Alka Savitri Dunn
Alka Savitri Dunn
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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Form B203

Page 36 of 55 2014 USBC, Eastern District of Virginia

# **United States Bankruptcy Court Eastern District of Virginia**

In re	Alka Savitri Dunn			Case No.	
			Debtor(s)	Chapter	13
	DISCL	OSURE OF COME	PENSATION OF ATT	ORNEY FOR D	<b>DEBTOR</b>
		for services rendered or to			e above-named debtor(s) and that lation of or in connection with the
	For legal services, I have a	agreed to accept		\$	5,050.00
	Prior to the filing of this st	tatement I have received		\$	1,420.00
	Balance Due			\$	3,630.00
2.	The source of the compensa	ation paid to me was:			
	■ Debtor □	Other (specify)			
3.	The source of compensation	n to be paid to me is:			
	■ Debtor □	Other (specify)			
4.	■ I have not agreed to sha	are the above-disclosed com	npensation with any other perso	n unless they are members	bers and associates of my law firm.
			nsation with a person or persons ames of the people sharing in th		or associates of my law firm. A ached.
	<ul> <li>a. Analysis of the debtor's</li> <li>b. Preparation and filing of</li> <li>c. Representation of the de</li> <li>d. Representation of the de</li> <li>e. Other provisions as need</li> <li>Negotiations wireaffirmation ag</li> </ul>	financial situation, and rend f any petition, schedules, sta- bettor at the meeting of credi- bettor in adversary proceeding ded: ith secured creditors to	It to render legal service for all a dering advice to the debtor in de- atement of affairs and plan which itors and confirmation hearing, and other contested bankrup reduce to market value; ex- ions as needed; preparation ousehold goods.	etermining whether to a ch may be required; and any adjourned hear otcy matters; <b>xemption planning</b> ;	file a petition in bankruptcy; rings thereof; preparation and filing of

By agreement with the debtor(s), the above-disclosed fee does not include the following services:

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Form B203

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2014 USBC, Eastern District of Virginia

**UpRight Law LLC** 

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 16, 2015

Date

/s/ John Morgan

John Morgan

Signature of Attorney

Name of Law Firm 98 Alexandria Pike Suite 10 Warrenton, VA 20186 855-466-3920 Fax: 888-751-4932

(For all Cases Filed on or after 8/1/2014)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE

PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,000

PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

April 16, 2015
Date

/s/ John Morgan
John Morgan
Signature of Attorney

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

#### Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

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B 201B (Form 201B) (12/09)

# **United States Bankruptcy Court Eastern District of Virginia**

	East	ern District of Virginia		
In re	Alka Savitri Dunn		Case No.	
		Debtor(s)	Chapter	13
	UNDER § 342(b) Ce	OF THE BANKRUPT rtification of Debtor	CY CODE	
Code.	1 (11 0), 6.10 300001(0), 41111111 41411 1 (11 0)		ouros, as roquiros o	y 3 c .2(c) of the Bannapies
Alka S	Savitri Dunn	X /s/ Alka Saviti	ri Dunn	April 16, 2015
Printe	d Name(s) of Debtor(s)	Signature of D	ebtor	Date
Case 1	No. (if known)	Case No. Chapter 13  OF NOTICE TO CONSUMER DEBTOR(S)  12(b) OF THE BANKRUPTCY CODE  Certification of Debtor  ve received and read the attached notice, as required by § 342(b) of the Bankruptcy  X /s/ Alka Savitri Dunn April 16, 2015		
		Signature of Jo	oint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

1st Advantage FCU PO Box 2116 Newport News, VA 23609

1st Advantage Fcu P O Box 2116 Newport News, VA 23609

Chase Card Po Box 15298 Wilmington, DE 19850

Comenity Capital Bank/HSN Attn: Bankruptcy Po Box 183043 Columbus, OH 43218

Fed Loan Servicing PO Box 60610 Harrisburg, PA 17106

GECRB/JC Penney Attention: Bankruptcy PO Box 103104 Roswell, GA 30076

Gemb/Walmart Attn: Bankruptcy PO Box 103104 Roswell, GA 30076

Global Credit & Collection Cor PO BOX 129 Linden, MI 48451

Hilton Head Island Development 33 Office Park Rd Unit 218 Park Plaza Hilton Head Island, SC 29928

Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 Mariner Finance PO BOX 35394 Dundalk, MD 21222

Onemain Financial PO Box 499 Hanover, MD 21076

Plain Green 93 Mack Road Suite Box Elder, MT 59521

PNC Bank Attn: Bankruptcy PO Box 489909 Charlotte, NC 28269-5329

Sears/cbna Po Box 6283 Sioux Falls, SD 57117

Syncb/Lumber Liquidato PO Box 965036 Orlando, FL 32896

Va Credit Union PO Box 90010 Richmond, VA 23225

Wells Fargo Hm Mortgage 8480 Stagecoach Circle Frederick, MD 21701

Zwicker & Assoc PO BOX 9013 Andover, MA 01810

Fill in this infor	mation to identify your case:
Debtor 1	Alka Savitri Dunn
Debtor 2 (Spouse, if filing	
United States Ba	nkruptcy Court for the: Eastern District of Virginia
Case number (if known)	

Check	c as directed in lines 17 and 21:
	ording to the calculations required by this ement:
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).
	3. The commitment period is 3 years.
	4. The commitment period is 5 years.

☐ Check if this is an amended filing

### Official Form 22C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colui Debt		mn B or 2 or filing spouse
2. Your gross wages, salary, tips, bonuses, overtim payroll deductions).	e, and co	mmissio	ons (before all	\$	6,678.28	\$ 2,569.91
3. <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	de payme	ents from	a spouse if	\$	0.00	\$ 0.00
4. All amounts from any source which are regularly of you or your dependents, including child supportion an unmarried partner, members of your househ and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3	ort. Include old, your spouse o	le regular depende only if Co	contributions nts, parents,	\$	0.00	\$ 0.00
5. Net income from operating a business, professio	n, or farr ຕ	n 0.00				
Gross receipts (before all deductions)	- Φ - Φ	0.00				
Ordinary and necessary operating expenses  Net monthly income from a business, profession, or f	arm \$ _		Copy here ->	\$	0.00	\$ 0.00
6. Net income from rental and other real property						
Gross receipts (before all deductions)	\$	0.00				
Ordinary and necessary operating expenses	-\$	0.00				
Net monthly income from rental or other real property	, \$	0.00	Copy here ->	\$	0.00	\$ 0.00

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debto	or 1 Alka Savitri Dunn		Case number	(if known)			
			Column A Debtor 1		Column B Debtor 2 or non-filing s		
7.	Interest, dividends, and royalties		\$	0.00	\$	0.00	
8.	Unemployment compensation		\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount received was a beauthe Social Security Act. Instead, list it here:	enefit unde	r				
	For you \$	0.00					
	For your spouse \$	0.00					
	<b>Pension or retirement income.</b> Do not include any amount received the benefit under the Social Security Act.		\$	0.00	\$	0.00	
	Income from all other sources not listed above. Specify the source an Do not include any benefits received under the Social Security Act or pay received as a victim of a war crime, a crime against humanity, or internati domestic terrorism. If necessary, list other sources on a separate page at total on line 10c. 10a.	ments ional or	\$	0.00	\$	0.00	
	10b.		\$	0.00	φ	0.00	
	10c. Total amounts from separate pages, if any.		φ	0.00	\$ \$	0.00	
			Ψ	0.00	Ψ <u></u>	0.00	
11.	<ul> <li>Calculate your total average monthly income. Add lines 2 through 10 through 10 through 20 through 10 through 20 through</li></ul>	for \$	6,678.28	<b>+</b> \$ _	2,569.91	= \$	9,248.19
Part	Determine How to Measure Your Deductions from Income					mont	hly income
12.	Copy your total average monthly income from line 11.					\$\$	9,248.19
13.	Calculate the marital adjustment. Check one:						
	You are not married. Fill in 0 on line 3d.						
	You are married and your spouse is filing with you. Fill in 0 in line 13	3d.					
	You are married and your spouse is not filing with you.						
	Fill in the amount of the income listed in line 11, Column B, that was dependents, such as payment of the spouse's tax liability or the spo						
	In lines 13a-c, specify the basis for excluding this income and the ar adjustments on a separate page.				-		
	If this adjustment does not apply, enter 0 on line 13d.						
	13a	\$		_			
	13b	\$		_			
	13c	<del>+</del> \$					
	13d. Total	. \$ <u> </u>	0.00	<u> </u>	py here=> 13d.	·	0.00
14.	Your current monthly income. Subtract line 13d from line 12.				14.	\$	9,248.19
15.	. Calculate your current monthly income for the year. Follow these st	teps:					
	15a. Copy line 14 here=>				15a.	\$	9,248.19
	Multiply line 15a by 12 (the number of months in a year).					x 12	2
	15b. The result is your current monthly income for the year for this part	t of the form			15b.	\$ 110	0,978.28

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Debto	or 1	Alka	a Savitri Dunn		Case number (if known)			
16.	. Cal	culate	the median family income that applies to y	ou. Follow these ster	OS:			
			the state in which you live.	VA .				
			·					
			n the number of people in your household.	2				00.400.00
	16c	To fi	n the median family income for your state and s nd a list of applicable median income amounts uctions for this form. This list may also be avail	, go online using the		16c.	\$	68,108.00
17.	. Hov		he lines compare?	able at the bankrapte	y didik a dilide.			
	17a	ı. <b></b>	Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N					determined unde
	17b	. <b>=</b>	Line 15b is more than line 16c. On the top of 1325(b)(3). <b>Go to Part 3 and fill out Calcu</b> current monthly income from line 14 above.	lation of Disposable				
Part	i 3:	Ca	Iculate Your Commitment Period Under 11	U.S.C. §1325(b)(4)				
18.	Cop	oy you	ır total average monthly income from line 1	1.		18. \$		9,248.19
19.	con	tend tl	ne marital adjustment if it applies. If you are nat calculating the commitment period under 1 income, copy the amount from line 13d.	married, your spouse 1 U.S.C. § 1325(b)(4)	e is not filing with you, and you allows you to deduct part of your			
	•		ital adjustment does not apply, fill in 0 on line 1	9a.		19a. <b>-</b> \$		0.00
	Sub	otract	line 19a from line 18.			19b.	\$	9,248.19
20.	Cal	culate	your current monthly income for the year.	Follow these steps:				
	20a	. Copy	y line 19b			20a.	\$	9,248.19
		Multi	ply by 12 (the number of months in a year).				<u> </u>	12
	20b	. The	result is your current monthly income for the ye	ear for this part of the	form	20b.	\$	110,978.28
	20c	. Copy	$\gamma$ the median family income for your state and $\epsilon$	size of household fror	m line 16c	-	\$_	68,108.00
	21.	How	do the lines compare?					
			Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the cou	ırt, on the top of page 1 of this form	, check bo	эх 3, <i>Т</i>	he commitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise ordere	ed by the court, on the top of page	I of this fo	rm, ch	eck box 4, The
Part	4:	Sig	gn Below					
	Ву	signing	g here, under penalty of perjury I declare that the	ne information on this	statement and in any attachments	is true an	d corre	ect.
X			Savitri Dunn					
			avitri Dunn e of Debtor 1					
	Date	_	ril 16, 2015					
	If w		I / DD / YYYY  cked 17a, do NOT fill out or file Form 22C-2.					
	y c		5.154 a, 45 115 1 5dt 01 1110 1 01111 220 2.					

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in	this inform	ation to ider	itify your	case:										
Debto	r 1 <u>A</u>	ılka Savitri I	Dunn											
Debto	r 2													
	se, if filing)													
` '	,													
United	States Ban	kruptcy Court	for the:	Eastern D	istrict of Vir	rginia								
Case	number													
(if kno	wn)						,	J		☐ Chec	k if this i	s an ame	ended	filing
	I Form 22C				ъ:				_					
Cha	pter 1	3 Calcu	iation	OT YC	our Dis	sposa	abie ii	ncom	ne					12/14
Comm	itment Peri	m, you will ne od (Official F nd accurate a	orm 22C-	·1).						-				
space	is needed,	attach a sepa write your na	rate she	et to this fo	orm, Includ	de the line								
Part 1	Calcu	late Your De	ductions	from Your	Income									
the	questions	evenue Servi in lines 6-15. ay also be av	To find t	he IRS sta	ndards, go	online u	sing the							
exp	enses if the	ense amounts y are higher th not deduct an	an the sta	andards. D	o not includ	de any ope	erating ex	penses t	hat you su	btracted fr	om incon			
If yo	our expense	s differ from m	nonth to m	nonth, ente	r the avera	ge expens	se.							
Not	e: Line num	bers 1-4 are n	ot used ir	this form.	These num	nbers appl	ly to inforn	mation re	equired by	a similar fo	orm used	in chapter	r 7 cas	es.
5.	The numb	er of people	used in c	leterminin	g your dec	ductions f	from inco	me						
	plus the nu	number of peo umber of any a er of people in	additional	dependent								2		
Nat	ional Stand	lards	You mus	st use the I	RS Nationa	al Standar	ds to ansv	wer the q	questions i	n lines 6-7				
6.		thing, and otl , fill in the doll						d in line 5	5 and the I	RS Nation	al	\$		1,092.00
7.	the dollar a	cket health c amount for out o are 65 or old n this IRS amo	t-of-pocke derbeca	et health ca use older p	re. The nur eople have	mber of pe e a higher	eople is sp IRS allow	olit into tw ance for	vo categor	iespeople	e who are	under 65	and	

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Debtor 1	Alka Savitri Dunn	Case number (if known)	

People	e who are under 65 years of age	
7	a. Out-of-pocket health care allowance per person	\$ <b>60</b> _
7	b. Number of people who are under 65	X2
7	c. <b>Subtotal.</b> Multiply line 7a by line 7b.	\$120.00 Copy line 7c here=> \$120.00
People	e who are 65 years of age or older	
7	d. Out-of-pocket health care allowance per person	\$144_
7	e. Number of people who are 65 or older	X0
7	f. Subtotal. Multiply line 7d by line 7e.	\$ \$ Copy line 7f here=> \$ 0.00
7	g. <b>Total.</b> Add line 7c and line 7f	\$ 120.00 Copy total here=> 7g. \$ 120.00
Local	Standards You must use the IRS Local Standards to	o answer the guestions in lines 8-15.
Based	I on information from the IRS, the U.S. Trustee Pro	gram has divided the IRS Local Standard for housing for
	uptcy purposes into two parts: ng and utilities - Insurance and operating expenses	
housi	ng and utilities - Mortgage or rent expenses	
separa 8. H	ate instructions for this form. This chart may also b	enses: Using the number of people you entered in line 5, fill
9. H	lousing and utilities - Mortgage or rent expenses:	
9	<ul> <li>Using the number of people you entered in line 5, f listed for your county for mortgage or rent expense</li> </ul>	♠ 1 201 NN
9	b. Total average monthly payment for all mortgages a	and other debts secured by your home.
	To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.	
	Name of the creditor	Average monthly payment
	Wells Fargo Hm Mortgage	\$ 723.66
	9b. Total average monthly paymer	S T23.66 Copy line 9b here=> -\$ T23.66 Repeat this amount on line 33a.
9	c. Net mortgage or rent expense.	
	Subtract line 9b (total average monthly payment) from or rent expense). If this number is less than \$0, ent	
	you claim that the U.S. Trustee Program's division ffects the calculation of your monthly expenses, fil	of the IRS Local Standard for housing is incorrect and I in any additional amount you claim.
	Explain why:	

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ebtor 1	Alka Savitri Dunn			(	Case number (	if known)		
11.	Local transportation expenses	: Check the number of vehice	cles for whic	h you claim a	n ownershi	p or operating	expense.	
	☐ 0. Go to line 14.							
	☐ 1. Go to line 12.							
	2 or more. Go to line 12.							
12.	<b>Vehicle operation expense:</b> Us operating expenses, fill in the <i>Operation</i> of the operation of the operatio							488.00
13.	Vehicle ownership or lease ex You may not claim the expense more than two vehicles.							
Ve	hicle 1 Describe Vehicle 1:	2005 Honda Civic Coup according to NADA Gu				s. Value		
13a.	Ownership or leasing costs using	g IRS Local Standard		13a.	\$	517.00		
13b.	Average monthly payment for all	debts secured by Vehicle 1						
	Do not include costs for leased v	rehicles.						
	To calculate the average monthl are contractually due to each se bankruptcy. Then dived by 60.							
	Name of each creditor for	Vehicle 1	Average payment	•				
	Va Credit Union		\$	205.70				
13c.	Net Vehicle 1 ownership or lease Subtract line 13b from line 13a. i	•	, enter \$0.	Copy 1 here => 13c	-\$	205 70	Repeat this amount on line 33b.  Copy net Vehicle 1 expense here => \$	311.30
Ve	hicle 2 Describe Vehicle 2:	2011 Mitsubishi Outlan Miles Value according			stimated	30k	J	
13d.	Ownership or leasing costs using	g IRS Local Standard		13d.	\$	517.00		
13e.	Average monthly payment for all leased vehicles.	debts secured by Vehicle 2.	. Do not incl	ude costs for				
	Name of each creditor for	Vehicle 2	Average payment	monthly				
	1st Advantage FCU		\$	340.00				
				Copy 1 here =>		340.00		
13f.	Net Vehicle 2 ownership or lease Subtract line 13e from line 13d.	·	), enter \$0.	13f	\$	177.00	Copy net Vehicle 2 expense here => \$	177.00
14.	Public transportation expense Transportation expense allowand					rds, fill in the	Public \$	0.00
15.	Additional public transportation also deduct a public transportation not claim more than the IRS Loc	on expense, you may fill in w	hat you beli					0.00

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Debtor 1 Alka Savitri Dunn Case number (if known)

16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withhold from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtroct that number from the total monthly amount that is withhold to pay for taxes.  Do not include real estate, sales, or use taxes.  10. Involuntary deductions: The total monthly payroll deductions that your job requires, such as refirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401 (%) contributions or payroll savings.  11. Life Insurance: The total monthly premiums that you pay to ryour own term life insurance. If two married people are filing together, include payments that you make for your spouses sharn life insurance. If two married people are filing together, include payments that you make for your spouses sharn life insurance. If two married people are filing together, include payments that you make for your spouses sharn life insurance.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spoused or child support payments.  Do not include payments: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  20. Education: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  21. Additional health care expresses, excluding insurance costs: The monthly amount that you pay for health care has a condition for health insurance or health savings accounts should be listed only in line 25.  22. Optional telephone and telephone expresses. The total	Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly permitted that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  19. Court-ordered payments: The total monthly amount that you pay for your own term life insurance. If two married people are filing together, include permittens for the surance.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a count or administrative agency, such as spousal or child support. Pou will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line?  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phose service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  24. Add all of the expenses allowed under the IRS expense allowanc	self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.	\$	2.537.10
Do not include payments for any elementary or secondary school education is available for similar services. The continude only the Additional health care expenses, excluding insurance costs: The monthly amount that you pay for your own term life insurance. If two married people are filing together. Include payments that you make for your powns the time life insurance. If two married people are filing together, include payments that you make for your powns the time life insurance. If two married people are filing together, include payments that you make the your pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as yangers, call waiting, caller identification, speelal long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursance or health savings accounts when the total entered in line 5 d.24.  24. Add all of the expenses allowed under the IRS expense allowances li		Ψ	_,,
18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include payments of the insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance or their than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your jbb, or for you physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents for the production of income, if it is not reimbursed by your employer.  24. Add all of the expenses allowed under the IRS expense allowances.  Additional Exp	contributions, union dues, and uniform costs.	\$	80.40
filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments. The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousel or child support payments.  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.  25. Health insurance			
administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  S 0.00  Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  S 0.00  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Payments for health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basis home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.  **S 5,971.14**  Add all of the expenses allowed under the IRS expense allowances.  **Note: Do not include any expenses allowances listed in lines 6-24.  **S 5,971.14**  **Leath insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or you	filing together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form	\$	0.00
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  32. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for that of very dependents.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health			
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21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 551.48  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and suppor			0.00
Do not include payments for any elementary or secondary school education.  \$ 0.00  Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  S 0.00  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses.  Page 1. Total  S 551.48  Do you actually spend this total amount?  No. How much do you actually spend?  Pyes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable an	for your physically or mentally challenged dependent child if no public education is available for similar services.	\$	0.00
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  \$ 0.00  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.  \$ 0.00  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance \$ 551.48  Disability insurance  \$ 792.91  Copy total here=>  Population of the production of the produc		\$	0.00
by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 551.48  Disability insurance  \$ 792.91  Do you actually spend this total amount?  No. How much do you actually spend?  Pyes  \$ 0.00  Copy total here \$ 792.91  Total  Copy total here \$ 792.91  Copy total here \$ 792.91  Pyes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically iil, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			
Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$\frac{551.48}{241.43}\$  Health savings account  +\$\frac{0.00}{241.43}\$  Copy total here=>  \$\frac{792.91}{241.43}\$  Do you actually spend this total amount?  No. How much do you actually spend?  \$\frac{2}{792.91}\$  Copy total here=>  \$\frac{0.00}{241.43}\$  Do you actually spend this total amount?  No. How much do you actually spend?  \$\frac{2}{792.91}\$  Copy total here=>  \$\frac{0.00}{241.43}\$  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically iil, or disabled member of your immediate family who is unable to pay for such expenses.			
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 551.48  Disability insurance  \$ 792.91  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  792.91  Copy total here=>  792.91  Copy total here=>  8 0.00  \$ 0.00  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	, , , , , , , , , , , , , , , , , , , ,	\$	0.00
Add lines 6 through 23.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 551.48  Disability insurance  \$ 241.43  Health savings account  + \$ 0.00  Total  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment	+\$	0.00
Additional Expense Deductions These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 551.48  Disability insurance \$ 241.43  Health savings account  Total \$ 792.91  Copy total here=> \$ 792.91  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the		\$	5,971.14
Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 551.48  Disability insurance \$ 241.43  Health savings account +\$ 0.00  Total \$ 792.91 Copy total here=> \$ 792.91  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	·		
insurance, disability insurance, and health savings accounts that are reasonably necessary for your spouse, or your dependents.  Health insurance \$ 551.48  Disability insurance \$ 241.43  Health savings account +\$ 0.00  Total \$ 792.91 Copy total here=> \$ 792.91  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$			
Disability insurance \$ 241.43  Health savings account + \$ 0.00  Total \$ 792.91 Copy total here=> \$ 792.91  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ \$  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or		
Health savings account  Total  \$ 792.91  Copy total here=> \$ 792.91  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	Health insurance \$ 551.48		
Total  \$ 792.91  Copy total here=> \$ 792.91  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	Disability insurance \$ 241.43		
Do you actually spend this total amount?  No. How much do you actually spend?  Yes  S  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	Health savings account + \$		
No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	Total \$ Copy total here=>	\$	792.91
No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	Do you actually spend this total amount?		
Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the	_ ·		
<ul> <li>Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.</li> <li>Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the</li> </ul>			
	26. <b>Continued contributions to the care of household or family members.</b> The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of	\$	0.00
By law, the court must keep the nature of these expenses confidential.  \$ 0.00		\$	0.00

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btor 1	Alka Savitri Dunn	Case numb	er (if known)			
	Additional home energy costs. Your hom allowance on line 8.	ne energy costs are included in your non-mortgage	housing and	utilities		
l r	f you believe that you have home energy conon-mortgage housing and utilities allowand	costs that are more than the home energy costs include, then fill in the excess amount of home energy costs.	uded in the osts.			
	You must give your case trustee documenta amount claimed is reasonable and necessa	ation of your actual expenses, and you must show tary.	that the addit	ional	\$	0.0
9		dren who are younger than 18. The monthly expendent children who are younger than 18 years of				
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain ot already accounted for in lines 6-23.	n why the am	ount		
*	Subject to adjustment on 4/01/16, and ever	ery 3 years after that for cases begun on or after the	e date of adju	stment.	\$	0.0
ŀ		he monthly amount by which your actual food and og allowances in the IRS National Standards. That ars in the IRS National Standards.				
		ional allowance, go online using the link specified in so be available at the bankruptcy clerk's office.	n the separat	е		
`	You must show that the additional amount of	claimed is reasonable and necessary.			\$	0.0
	Continuing charitable contributions. The nstruments to a religious or charitable orga	e amount that you will continue to contribute in the formation. 11 U.S.C. § 548(d)3 and (4).	orm of cash o	or financial	\$	50.
	Add all of the additional expense deduct	tions			\$	842.91
Dedu	ctions for Debt Payment					
33. <b>F</b> c	or debts that are secured by an interest	in property that you own, including home morte	ages, vehic	le		
	ans, and other secured debt, fill in lines		, ,			
	o calculate the total average monthly paym reditor in the 60 months after you file for bar	ent, add all amounts that are contractually due to e nkruptcy. Then divide by 60.	ach secured			
-	Mortgages on your home				Average	monthly
220	Copy line 0h hore				payment	
33a.				=>	Φ	723.66
33b.	Loans on your first two vehicles			=>	¢	205 70
33c.					Ψ	205.70
					Φ	340.00
Name	e of each creditor for other secured debt	Identify property that secures the debt	includ	payment e taxes urance?		
		Coral Sands Resort Timeshare				
		66 Pope Ave				
		Hilton Head Island, SC 29928		lo		
33d.	Hilton Head Island Development	(1/2 interest with husband)	D Y	'es	\$	150.00
			\	lo		_ <del>_</del>
33e.				'es	\$	
•			— 	la.		_
				lo 'ee		
33f.			<u> </u>	'es	+\$	
				2		
00	<b>-</b>		1 440 4	Cop		4 440 00
33g.	Total average monthly payment. Add lines	s 33a through 33f \$	1,419.3	here	=>   \$	1,419.36

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Debtor 1 Alka Savitri Dunn Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE- $\div 60 = $$ Copy total 0.00 0.00 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷60 \$ 0.00 36. Projected monthly Chapter 13 plan payment 800.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 10.00 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 80.00 80.00 Average monthly administrative expense here=> 1,499.36 37. Add all of the deductions for debt payment. Add lines 33g through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 5,971.14 expense allowances Copy line 32, All of the additional expense deductions 842.91 Copy line 37, All of the deductions for debt payment 1,499.36 8,313.41 8,313.41 Total deductions Copy total here=>

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Debtor 1	Alka Savitri Dunn Cae				ise nun	e number (if known)				
Part 2:	Determine You	ur Disposable Income Under 11 U.S.C. § 13	325(b)(	2)						
39. Copy your total current monthly income from line 14 of Form 22 Statement of Your Current Monthly Income and Calculation of Company of Company (1997).							\$	9,248.19		
40. Fill in any reasonably necessary income you receive for support children. The monthly average of any child support payments, fost disability payments for a dependent child, reported in Part I of Form received in accordance with applicable nonbankruptcy law to the expect necessary to be expended for such child.			ster care payments, or m 22C-1, that you			S0	.00			
41. Fill in all qualified retirement deductions. The monthly total of all employer withheld from wages as contributions for qualified retirement in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from specified in 11 U.S.C. § 362(b)(19).			nent plans, as specified			302	.97			
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).			Copy	line 38 here=	=> \$	8,313	.41_			
43. <b>Deduction for special circumstances.</b> If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.										
Describe the special circumstances				Amount of exp	ense					
43a.			\$			_				
43b.			\$			_				
43c.			\$			_				
43d.	Total. Add lines	43a through 43c.	\$	0.00		ppy 43d ere=> \$	0.00			
44. <b>To</b>	tal adjustments.	Add lines 40 through 43d.		=>	\$	8,616.38	Copy total here=> -\$	8,616.38		
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.										
Part 3:	Change in Inco	ome or Expenses								
46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.										
Form	Line	Reason for change		Date of change	е	Increase or decrease?	Amount of	change		
☐ 220 ☐ 220 ☐ 220 ☐ 220 ☐ 220 ☐ 220 ☐ 220 ☐ 220	-2		_		_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease ☐ Increase ☐ Decrease	\$ \$ \$ \$			

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Debtor 1	Alka Savitri Dunn	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the info	ormation on this statement and in any attachments is true and correct.
х	/s/ Alka Savitri Dunn	
	Alka Savitri Dunn Signature of Debtor 1	
	April 16, 2015 MM / DD / YYYY	

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Debtor 1 Alka Savitri Dunn Case number (if known)

### **Current Monthly Income Details for the Debtor**

**Debtor Income Details:** 

Income for the Period 10/01/2014 to 03/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$59,924.02 from check dated Ending Year-to-Date Income: \$77,939.60 from check dated 12/31/2014

This Year:

Current Year-to-Date Income: \$22,054.11 from check dated 3/31/2015 .

Income for six-month period (Current+(Ending-Starting)): \$40,069.69 .

Average Monthly Income: \_\$6,678.28 .

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Debtor 1 Alka Savitri Dunn Case number (if known)

### **Current Monthly Income Details for the Debtor's Spouse**

**Spouse Income Details:** 

Income for the Period 10/01/2014 to 03/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$25,413.39 from check dated P/30/2014 Ending Year-to-Date Income: \$33,985.37 from check dated 12/31/2014

This Year:

Current Year-to-Date Income: **\$6,847.50** from check dated **3/31/2015**.

Income for six-month period (Current+(Ending-Starting)): \$15,419.48 .

Average Monthly Income: **\$2,569.91**.